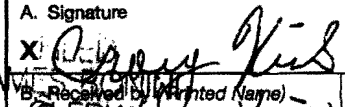



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <u>James Kinney</u> C. Date of Delivery <u>4-25-11</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No E. If Yes, enter delivery address below:	
1. Article Addressed to: <u>Craig Kirk</u> <u>P.O. Box 206</u> <u>Warsaw, OH</u> <u>43844</u>		2011 APR 25 AM 11:38 U.S. DISTRICT COURT SOUTHERN DIST. OHIO EAST DIV. COLUMBUS	
2. Article Number (Transfer from service label)		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		7002 0510 0004 3445 3440	
PS Form 3811, February 2004		Domestic Return Receipt 09-583 EPD 102595-02-M-1540	

UNITED STATES POSTAL SERVICE


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

OFFICE OF THE CLERK
U.S. DISTRICT COURT
JOSEPH P. KINNEARY U.S. COURTHOUSE
85 MARCONI BLVD., SUITE 121
COLUMBUS, OH 43215


09-583 EPD